

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		NO.			NO.			NO.		
	IND	DEP	IND	DEP	IND	DEP		IND	DEP		IND	DEP		IND	DEP
1							31			51			71		
2							52			53			72		
3							54			55			73		
4							56			57			74		
5							58			59			75		
6							60			61			76		
7							62			63			77		
8							64			65			78		
9							66			67			79		
10							68			69			80		
11							70			71			81		
12							72			73			82		
13							74			75			83		
14		2					76			77			84		
15							78			79			85		
16							80			81			86		
17							82			83			87		
18							84			85			88		
19							86			87			89		
20							88			89			90		
21							90			91			92		
22							92			93			94		
23							94			95			96		
24		①					96			97			98		
25							98			99			100		
26															
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46															
47															
48															
49															
50															
TOTAL IND	1														
TOTAL DEP	27														
TOTAL CLAIMS	28														